

FILED

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10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISJUN 6 2008 *am*
JUN 6 2008
MICHAEL W. DOBBING
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

JOHN WALDRON

Plaintiff / PETITIONER

v.

DONALD A HULICK

Defendant(s) / RESPONDENT

08CV3277

JUDGE SHADUR

MAGISTRATE JUDGE ASHMAN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, JOHN WALDRON, declare that I am the ☐ plaintiff ☒ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # N23690 Name of prison or jail: MENARD CORRECTIONAL CENTER
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: LESS THAN \$10
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: N/A
Name and address of employer: N/A
 - a. If the answer is "No":
Date of last employment: DECEMBER 2003
Monthly salary or wages: \$25
Name and address of last employer: STATEVILLE BARBER SHOP;
STATEVILLE CORRECTIONAL CENTER
 - b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: N/A
Name and address of employer: N/A
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
Amount N/A Received by N/A

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 5-30-08

John Waldron
Signature of Applicant

JOHN WALDRON

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, JOHN WALDRON, I.D.# N23690, has the sum of \$.17 on account to his/her credit at (name of institution) MENARD CC.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

5/29/08
DATE

* Geraldine Berry
SIGNATURE OF AUTHORIZED OFFICER

GERALDINE BERRY
(Print name)

Date: 5/29/2008

Menard Correctional Center

Time: 1:48pm

Trust Fund

d_list_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 12/01/2007 thru End; Inmate: N23690; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: N23690 Waldron, John

Housing Unit: MEN-N -05-40

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:						0.60	
12/04/07	Mail Room	01 MO/Checks (Not Held)	3382113	10797725924	Larsen, Betty	20.00	20.60
12/07/07	Payroll	20 Payroll Adjustment	341169		P/R month of 11/2007	10.00	30.60
12/19/07	Point of Sale	60 Commissary	353774	688946	Commissary	-19.77	10.83
01/02/08	Point of Sale	60 Commissary	0027116	690374	Commissary	-8.34	2.49
01/07/08	Payroll	20 Payroll Adjustment	007159		P/R month of 12/2007	6.46	8.95
02/07/08	Payroll	20 Payroll Adjustment	038159		P/R month of 01/2008	3.74	12.69
02/13/08	Point of Sale	60 Commissary	044779	698598	Commissary	-7.47	5.22
02/20/08	Point of Sale	60 Commissary	0517120	700745	Commissary	-3.30	1.92
03/06/08	Point of Sale	60 Commissary	0667120	703362	Commissary	-1.70	.22
03/10/08	Payroll	20 Payroll Adjustment	070169		P/R month of 02/2008	8.16	8.38
04/04/08	Payroll	20 Payroll Adjustment	095169		P/R month of 03/2008	9.18	17.56
04/11/08	Disbursements	84 Library	102359	Chk #85336	62564, DOC: School Dist. Libra, Inv. Date: 03/20/2008	-15.30	2.26
04/16/08	Mail Room	01 MO/Checks (Not Held)	1072104	11637622405	Larson, Betty	20.00	22.26
04/30/08	Disbursements	84 Library	121359	Chk #85582	65953, DOC: School Dist. Libra, Inv. Date: 04/25/2008	-12.90	9.36
04/30/08	Disbursements	81 Legal Postage	121359	Chk #85585	63358, DOC: 523 Fund Inmate Re, Inv. Date: 03/28/2008	-8.92	.44
05/06/08	Payroll	20 Payroll Adjustment	127159		P/R month of 04/2008	10.00	10.44
05/07/08	Point of Sale	60 Commissary	128746	714542	Commissary	-10.27	.17

Total Inmate Funds: .17

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: .17

Total Furloughs: .00

Total Voluntary Restitutions: .00